

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

10/019416

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			•		•			
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.		
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49							99						
50							100						
AL	3						TOTAL						
AL	7						IND.						
AL	10						DEP.						
AL							TOTAL						
INS							CLAIMS						

BEST AVAILABLE COPY

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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